

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 151

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AKSM Urology Political Action Committee 'AKSM Urology PAC'

Full Name (Last, First, Middle Initial)

A. Dr. Jack Pence II

Mailing Address 2892 Stone Mill Ct.

City State Zip Code
 Beavercreek OH 45434

FEC ID number of contributing federal political committee.

C

Name of Employer

Dayton Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 09 / 2014

Transaction ID : SA11AI.10353

Amount of Each Receipt this Period

85.00

profit distribution deduction

Full Name (Last, First, Middle Initial)

B. Kenneth Peters

Mailing Address 10025 Lincoln Drive

City State Zip Code
 Huntington Woods MI 48070

FEC ID number of contributing federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 24 / 2014

Transaction ID : SA11AI.10173

Amount of Each Receipt this Period

250.00

profit distribution deduction

Full Name (Last, First, Middle Initial)

C. Bradley Pewitt

Mailing Address 4664 McCurdy Drive

City State Zip Code
 New Albany OH 43054

FEC ID number of contributing federal political committee.

C

Name of Employer

COUG

Occupation

Urologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 03 / 2014

Transaction ID : SA11AI.10043

Amount of Each Receipt this Period

85.00

profit distribution deduction

SUBTOTAL of Receipts This Page (optional)..... ►

420.00

TOTAL This Period (last page this line number only)..... ►